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ABSTRACT

Noting that the mental health practitioner needs highly developed linguistic and communicative skills in order to precipitate therapeutic changes, this paper discusses the nature of the contexts of therapeutic interaction. It examines verb tense as a linguistic context marker and shows how various schools of therapy can use it. In addition, it examines the manipulation of time frames in hypnotherapy. The paper argues that any therapeutic interaction that produces effective and lasting change does so because of a manipulation of time frames analogous to that presented. (FL)

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LANGUAGE PATTERNS AND THERAPEUTIC CHANGE

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The mental health practitioner needs highly developed linguistic and communicative skills in order to precipitate therapeutic changes. All therapeutic approaches, whether analytic, existential, interactional, etc. have their own sets of definitions and labels with which to describe occurences between client and therapist. They all have certain phrases and patterns of communication, derived from the approach's model, which tend to recur over and over again from session to session. What is generally unrecognized, however, is that therapeutic change is a function not only of speech patterns performed in accordance with traditional therapeutic models, but also of skillful utilization of the context in which therapy occurs. Therapeutic language alone does not always effect change in the client. The concept of the context of therapy will be explored as an essential component of therapeutic change.

THE CONTEXT

Bateson (1972) has defined "context" as a communication that classifies the message. It is the total frame which gives the message meaning. Bateson states (1972:156):

> It is important to see the particular utterance or action as part of the ecological subsystem called context and not as the product or effect of the context after the piece which we want to explain has been cut out from it.

The context of therapy, then, is a frame which classifies the utterances as well as the non-verbal messages which occur within it.

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Those utterances have a meaning unique to the context of therapy and any message which fails to take the therapeutic context into account will be missing an essential component of meaning. In brief, it will not be classified appropriately for its intended goal and may even turn out to be counterproductive or detrimental, as will be shown shortly. This notion of context, and its implications are derived from the theory of logical typing, i.e., the difference between a class and its members.

Bateson's (1972;1979) writings are full of discussions of the theory of logical typing, so time will not be spent in a discussion of it. Briefly, however, the basic rules in logical typing are that: 1) a class cannot be a member of itself. Thus the class of dogs is not itself a dog. 2) A class cannot be a member of the class of non-members. The class of dogs cannot therefore be a member of the class of non-dogs. Finally, if these levels of logical typing between a class and its members are confused, paradox will be generated.

An example will illustrate the generation of counterproductive paradox resulting from confusion of logical typing in therapy. The authors observed a case presentation in which the therapist was describing his interaction with a depressed women. The therapist was discussing his attempted but futile interventions to "get her in touch with her feelings." Because she wouldn't "get in touch with her feelings," he labeled her behavior as resistant and manipulative. We then asked him to describe her verbal and non-verbal behavior at the moment he had asked her to get in touch with

her feelings. He stated, quite simply, that she was sitting in the chair, hunched over, head bowed, wringing her hands in her lap and crying loudly. When it was pointed out that the depressed woman was indeed already very in touch with her feelings, the counterproductive nature of the attempted intervention was evident. This statement was a violation of the second law of logical typing stated earlier. The subjective experience of the depressed woman, as demonstrated by crying, hand-wringing, slumped posture, not to mention her talk of feeling depressed, obviously belonged to the class of feelings. The therapist, by his statement about "getting in touch with your feelings" implied that the woman's experience belonged to the class of non-feelings, thereby creating for the woman a paradox in which feeling had been defined as not-feeling. Bateson and others have found this pattern to be a factor in the generation of schizophrenia in family interaction (Watzlawick, 1967; Bateson, 1972).

The notion of logical typing makes it clear that attempted communication must be suited for the context, and alternatively, the context, or class of possible activities, only allows certain kinds of communication. In the example already discussed the therapist's communication was not allowable under the context which the client's communication had created.

It is necessary at this point to define the notion of context more specifically for the therapeutic interaction. Figure One shows a diagram of therapeutic interaction, arbitrarily divided into four distinct contexts. The contexts are broad generaliza-

tions which cover the intended goals of the communications that occur within them. Thus, there is a context of History and Information Gathering, the context of Defining Presenting Problems, the context of Intervention and/or Transference, and the context of Resolution and Termination of therapy.

There is a subtle interplay between a particular context and the types of communication which occur in that context. Whether a therapist is taking a history or attempting an intervention will in part determine the type of communication used. Not only will the verbal/digital part of the communication be determined by the context but the nonverbal/analogic will also be affected. In addition to this, any utterance or message once communicated, becomes a further source of classification, i.e. contextualization, for any subsequent messages.

Figure One, then, is a model of therapy as defined by the context of the communication. It is not meant to indicate a sequential arrangement of the contexts, since there often occurs considerable jumping back and forth between the separate contexts. For example, it is not uncommon for a therapist and client to define a goal, one context, and then switch to the context of intervention only to reach an impasse, and have to return to the goal-defining context for a re-definition of the desired outcome. The implication here is that when context does change, certain changes in the type of messages are also to be expected, changes congruent with the context. When the message type does not fit the context, a paradoxical and possibly deterimental pattern of communication will result.

Given this understanding, the construct of a message, an utterance, is not only composed of the verbal content, but also includes other components, the so-called nonverbal parts of the communication. Context is perceived and messages are classified by means of the entire range of pathways of information transfer, i.e. the digital component, comprised of words and sentences, and also by the analogic or nonverbal component comprised of the visual, auditory, kinesthetic-olfactory, and gustatory pathways. Context is perceived through all of these pathways simultaneously. Bateson (1972) calls any context-classifying signal in any of these pathways context markers.

Since, as we have shown, context is so vitally important to the therapeutic outcome, the manipulation of context is one of the main tasks of the therapist. This is done not by acting upon the context directly, but by utilizing context markers. The remainder of this paper will examine one particular linguistic signal that functions as a context marker and will show how that linguistic context marker functions to classify the utterances according to the contexts of therapy and produce a therapeutic result. The particular context marker which we will examine here is the use of verb tense markers in the sentence structure. Ivey (1980:87) indicates that certain therapeutic schools tend to prefer to use certain tense markers to the seeming exclusion of others. For example, in order to "stay in the here and now", Gestalt therapy emphasizes the present tense forms, while psychoanalysis relies heavily on past tense sequences. We will show how all tenses can

be used to integrate therapeutic experiences to produce change.

THE CONTEXT MARKER

In Language, Thought, and Reality, Benjamin Lee Whorf (1956: 61) states that "every language contains terms that have come to attain cosmic scope of reference, that crystallize in themselves the basic postulates of our unformulated philosophy, in which is couched the thought of a people, a culture, a civilization, even of an era." The family of Western languages which he names Standard Average European (SAE) have certain presuppositions about the nature of reality which they have in common and which are not necessarily shared by other language groups. Space and time are two such dimensions of reality:

> The metaphysics underlying our own language, thinking, and modern culture...imposes upon the universe two grand cosmic forms, space and time; static three-dimensional infinite space, and kinetic one-dimensional uniformly and perpetually flowing time - two utterly separate and unconnected aspects of reality (according to this familiar way of thinking). The following realm of time is in turn, the subject of a threefold division: past, present, and future,
> (Whorf, 1956:59)

As can be seen from Figure One, the therapeutic contexts are marked by verb tenses according to the time frame of the context. Thus, History, and Presenting Problem utterances tend to be marked in some way to indicate past and/or present time. Examples would be: How long have you had this problem? When did it begin? What have you done about it so far? Are you bothered by it now?

	CONTEXT I HISTORY	CONTEXT II PRESENTING PROBLEM	CONTEXT III TRANSFERENCE/ INTERVENTION	CONTEXT IV RESOLUTION/ TERMINATION
TENSE SEQUENCE	Past	"happened"		
	Past Continuous	"was happening"		
	Past Perfect	"had happened"		
	Present Perfect	"has happened"		
	Conditional Perfect	"would have happened"		
	Present	"usually happens" or "happen"		
	Present Continuous	"is happening"		
			Future	"will happen"
			Future continuous	"will be happening"
			Modal	"may/should etc. happen"
			Modal continous	"may/should etc. be happening"
			Conditional	"could happen"
			Conditional continuous	"would be happening"
			Future perfect	"will have happened"

FIG. ONE

Transference/Intervention and Resolution statements can be in any tense. But again, therapeutic schools tend to show preferences derived from their particular theory. A client in Gestalt dream-work might say, "I had a dream about..." and a typical intervention statement would be, "Put it in the present tense. Say 'I am having a dream about...'" The client would then re-live the past dream in the present tense. Similarly, rational-emotive therapy is famous for conditional sequences of unreality, "Why would it be awful if ..." and "what would happen if..."

Whorf states that this three tense system of SAE verbs influences all our thinking about time and that the system of verbs fits in with a larger scheme in which reality is objectified. In SAE languages reality is analyzed into units called "things" plus formless existence called "substance" or "matter." Other languages such as Hopi, by contrast, organize thought into events or what Whorf calls "eventing." Most metaphysical words in Hopi would be verbs, whereas in SAE they would be nouns.

In English it is common to convert verbs to a form which can function as a noun or noun phrase (i.e., looking for, to look for). For example: 'They wanted to look for a job,' with the noun phrase 'to look for a job';'They gave up looking for it,' with the noun phrase 'looking for it.' English speakers tend to think in terms of substances and our language, reflecting this, is a nominalized one. The parts of our linguistic experience of which we are most consciously aware are the substantives. We think in terms of nouns and noun phrases. The verbs are there to relate the nouns to each

other in various states of action or being. English speakers are generally not aware of the verb forms in language. Their effect is similar to that of other context markers in communication - they are perceived unconsciously. It can be hypothesized then, that in the process of therapeutic change, the use of nouns will mark the content of the conscious, ongoing dialogue between therapist and client. On the other hand, the verb tenses, as context markers, will function at an out-of-awareness level and will be vitally important to the therapist who wishes to deal with the overall context of the interaction.

Because of the complexity of language, both conscious and unconscious processes are necessarily involved in its utilization. Whorf (1956:82) proposes that "every language of course seems simple to its own speakers because they are unconscious of structure... The complex structure of English is largely covert, which makes it all the harder to analyze. Foreigners learning English have to absorb it unconsciously."

Returning to Figure One, the continuity and discontinuity of various tenses in therapeutic discourse are an indication of the type of interaction in the therapeutic process. The four contexts of psychotherapy are shown with the concomitant tense markers. The process of psychotherapy across most models, as shown earlier, included the essential elements of History and Information Gathering (I), Presenting Problems (II), Transference and/or Intervention (III), and Resolution and Termination (IV). Since some models would lean more heavily toward one context of interaction than

others, this would hypothetically be reflected in the choice of verb tense by the therapist and subsequently by the client during the course of treatment. Contexts I through IV are not necessarily sequential. It is possible that a great deal of overlap occurs and that the contexts do not always follow in order. This possibility is in accord with the nature of tenses in that it is common to begin with a certain time frame in one clause and conclude with a different frame in the next. For the therapist it is possible to pull an experience out of the past, comment on its present effects, and predict and manipulate its future variations.

The fact that a sentence often contains one main clause and several subordinant clauses allows for a flexibility in manipulating time. Insofar as psychotherapy produces a change in experience (via affect, behavior, insight, etc.) it must necessarily include time, which is a dimension of that experience.

In Figure One the client's history and presenting problem can be expressed in a different time frame than the subsequent intervention and resolution. While certain tenses are exclusively appropriate to one or two contexts of therapy, it seems that in Context III a possible intersection of all tenses occurs. This does not mean that all tenses will be used by a particular therapist and client in Context III but that according to this model all tenses are potentially available for the expressed purpose of that context.

From this we hypothesize that therapeutic patterns using the full linguistic range of the English tense system in the appropriate

context offer more choices to the client than those restricting themselves to one or two time frames. It can be seen that while 14 tenses are shown (and this does not exhaust all possible variations of voice, mood, etc.), all fall into Whorf's three categories of past, present, and future, which stem from his concept of Western metaphysics. Psychotherapy in the West has taken a linear, problem solving approach with the process of therapy seen as a time line. Events are objectified into units arranged in time order. It is important to realize that we do this because of our world view, which is not necessarily the only way to perceive the process:

> This objectification enables us in imagination to "stand time units in a row." Imagination of time as like a row harmonizes with a system of THREE tenses; whereas a system of two, an earlier and a later, would seem to correspond better to the feeling of duration as it is experienced. For if we inspect consciousness we find no past, present, future, but a unity embracing complexity.
> (Whorf, 1956:143)

MANIPULATION OF TIME IN HYPNOTHERAPY

The English language itself predisposes us to see time as a continuum of past, present, and future experience. We tend to overlook another equally viable possibility which Whorf has suggested - that of dividing time into two segments: an earlier and a later, or even a "now" and a "not now".

An example from psychotherapy of the shift from three dimensional to two dimensional time can be seen in the work of Milton H. Erickson, who was noted for the intricacy of his language patterns and for his seemingly inexplicable therapeutic successes. Erickson

would begin with the three tense system and collapse it, two tenses at a time, into a two tense frame of "now" and "not now." He would often use an adverb of time such as "now", "yet", or "as soon as" to signal when the shift would take place. His use of post-hypnotic trance phenomena (Erickson & Rossi, 1980) provides the mechanism by which this shift occurs. Erickson has demonstrated that post-hypnotic behavior constitutes a reorientation to the trance state. One of the characteristics of the trance state is a disorientation and distortion of time in which past, present, and future cannot be distinguished clearly.

While using the three tense system, Erickson would direct the client with a set of instructions in the future tense. The client would be told that upon the post-hypnotic signal he/she would recall or experience something which happened in the past. He/she would either reexperience the event from the feeling of actually being in the past or see it from the vantage point of looking back from the future. Upon the post-hypnotic signal, the client would typically reorient to the trance state, re-living the suggested experiences, which normally reside in past, present, or future, but which now coexist devoid of a time sense other than "now", allowing for a full integration of the experience.

One case which shows this pattern involves a woman who had a phobia of airplanes and bridges (Erickson & Rossi, 1980:318-330). She had no recollection of the source of her fear, so Erickson helped her recall a childhood incident of driving over a bridge and momentarily becoming frightened at the experience of a

loss of reference to the surroundings. His instructions, tied to a post-hypnotic suggestion, carry her from future to past: "In a moment...(upon the post-hypnotic signal) there will come over you all the horrible feeling that you experienced sometime before the age of ten..." She becomes genuinely frightened and experiences the emotion of fear separate from its intellectual source. Erickson then instructs her to view the source without the feeling: "There will come to your mind (upon the post-hypnotic signal) something that could have scared you years ago. But you won't feel any emotions at all...You'll just remember, 'Yes, when I was a little kid I was scared...'You will be able to laugh about it and take an adult person's view." Upon the post-hypnotic signal, the client is in the "now" and comments to Erickson: "What is in my mind is a void. I don't know how to describe it... Oh, yes, it is a bridge. Do you remember when I told you before I was afraid of bridges? The scene is coming up a bridge...as you come up you see nothing of reference, but a void... And it is a bridge that has a very steep incline so that as you are driving up, you then reach the top and you break over so that as you are going up, you are not aware of anything, there isn't anything." Her language here has taken on an immediacy of real experience in the present. By helping her to separate the emotional and intellectual components of the experience, Erickson achieves a new time orientation of seeing the past while being firmly rooted in the present. This results in an ultimate radical change in the present tense experience of the client. The shifts in experience from future

to past to present allowed the client to achieve an integration of the childhood experience with her adult experience: "Why was I afraid. Now I am not, it doesn't frighten me in the least. It was just an incident as a child."

SUMMARY

In this paper, we have tried to do three things. First, we have discussed the nature of the contexts of therapeutic interaction. Second, we have examined the linguistic context marker, the verb tense, and have seen how various schools of therapy can use it. Finally, we have looked at one unique and potent manipulation of the frames for producing therapeutic change. We hypothesize that any therapeutic interaction that produces effective and lasting change does so because of a manipulation of time frames analogous to what we have presented here. Further research is indicated.

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